

**ON THE JOB TRAINING RECORD  
CONTINUATION SHEET**

An 8-month training evaluation was conducted on the undersigned on \_\_\_\_\_. The OA Recruiter JQS 8R000-003 dated \_\_\_\_\_ was used as a guide and the recruiter was evaluated as follows:

Instructions: The following items must be evaluated. **Validate the recruiter can perform each task through observation.** These tasks are time phased for completion by the 8th month of training. **Note: You do not need to wait until the evaluation is due to evaluate individual tasks. You may complete this form as training progresses and finish it at the 8 month evaluation due date.**

**Ratings: (Note: ADD any tasks not closed out at the 4-month evaluation in the appropriate sections below).**

**S** = Satisfactory level indicates trainee is able to do all parts of the tasks, needing infrequent guidance to complete work, and meets local demands for speed and accuracy, while meeting production requirements.

**U** = Unsatisfactory level means the trainee is unable to do simple parts and needs to be shown how to do most of the task.

Any task identified by a \*, which is rated unsatisfactory, will result in the entire evaluation to be rated unsatisfactory. Any task identified by a \*, which is not closed out by the end of the time phasing, will render the entire evaluation unsatisfactory.

**1. PROCESS KNOWLEDGE**

\_\_\_\_\_ \* 1.15. Understands what type of physical is required for each applicant  
(i.e. commissioning, Flight Class I, IA, II, III). **(H/O)**

\_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_

**2. PROGRAM KNOWLEDGE**

\_\_\_\_\_ \* 2.1. Nurse Corps: a. Fully Qualified Nurse b. Nurse Specialist (includes CRNA HPSP) c. Nurse Transition  
Program **(H)**

\_\_\_\_\_ \* 2.2. Medical Corps: a. Financial Assistance Program b. Fully Qualified Physicians c. Health Professions Scholarship  
Program **(H)**

\_\_\_\_\_ \* 2.3. Dental Corps: a. Advanced Education General Duty (AEGD) (1 and 2 year program) b. General Duty Dentist  
(GDD) c. Dental Specialist d. Dental HPSP **(H)**

\_\_\_\_\_ \* 2.4. Biomedical Science Corps: a. Fully qualified b. BSC HPSP (per current program announcement) **(H)**

\_\_\_\_\_ \* 2.5. Officer Training School a. Rated (Pilot/Navigator) b. Non-Rated c. Technical D. Non-Technical **(O)**

\_\_\_\_\_ \* 2.7. Can explain the structure and functions of Air Force Medical Service. **(H)**

\_\_\_\_\_ \* 2.8. Fully understands and demonstrates ability to accurately complete the AETC Form 1430. **(H)**

\_\_\_\_\_ \* 2.9. Fully understands and demonstrates ability to accurately compute and complete the AETC Form 1431. **(H)**

\_\_\_\_\_ \* 2.10. Demonstrate understanding of sister service and civilian health care systems. **(H)**

\_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_

**3. LEAD GENERATION**

\_\_\_\_\_ \* 3.1. Establish and maintain a game plan for colleges/universities and residency programs. **(H/O)**

\_\_\_\_\_ \* 3.2. Demonstrate ability to establish school and residency program priorities and frequency of visits. **(H/O)**

\_\_\_\_\_ \* 3.3. Develop contacts and establish rapport with influencer's in colleges, universities and residency programs. **(H/O)**

\_\_\_\_\_ \* 3.4. Demonstrate how to establish rapport with key agencies, hospitals and other professional organizations who can  
refer qualified leads, i.e. County Medical Society, District Nurse Spec Assoc., AFRES, ANG, etc. **(H/O)**

\_\_\_\_\_ \* 3.5. Demonstrate how to conduct or participate in student and/or applicant centered visits at colleges, universities, and  
residency programs. **(H/O)**

\_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_

**4. TELEPHONE PROSPECTING**

\_\_\_\_\_ Task#: \_\_\_\_\_ Task#: \_\_\_\_\_ Task#: \_\_\_\_\_

LAST NAME, FIRST NAME, MIDDLE INITIAL

ON THE JOB TRAINING RECORD  
CONTINUATION SHEET

8 – Month Evaluation Continued

5. MANAGING LEADS

\_\_\_\_\_ 5.3. Identify viable leads for suspension and demonstrates appropriate follow-up actions. (H/O)  
\_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_

6. PROFESSIONAL SELLING SKILLS and PRODUCT KNOWLEDGE

\_\_\_\_\_ \* 6.6. Demonstrates resolving skepticism by; a. Acknowledging the concern b. Offering relevant proof c. Checking for acceptance (H/O)  
\_\_\_\_\_ \* 6.7. Demonstrates resolving a misunderstanding by; a. Confirming the need behind the concern b. Supporting the need, Acknowledging the need, Describing relevant features and benefits, and Checking for acceptance (H/O)  
\_\_\_\_\_ \* 6.8. Demonstrates resolving a drawback by; a. Acknowledging the concern b. Refocusing on the bigger picture c. Outweighing with previously accepted benefits d. Checking for acceptance (H/O)  
\_\_\_\_\_ \* 6.9. Demonstrates ability to correctly identify relevant features and benefits when conducting sales calls (H/O)  
\_\_\_\_\_ \* 6.10. Demonstrates ability to use relevant proof when conducting sales calls. (H/O)  
\_\_\_\_\_ \* 6.11. Demonstrates ability to utilize the Call Planning Profile for strategic planning of sales calls. (H/O)  
\_\_\_\_\_ \* 6.12. Demonstrate ability to effectively utilize exclusive and shared benefits during sales calls. (H/O)  
\_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_

7. OPERATIONS

\_\_\_\_\_ 7.2. Understands and can explain the flight's goaling formula. (H/O)  
\_\_\_\_\_ 7.3. Understands and can explain the quarterly flow-trend analysis. (H/O)  
\_\_\_\_\_ 7.4. Understands and can explain flight/squadron competition and incentive awards program. (H/O)  
\_\_\_\_\_ 7.5. Understands and can explain facts and principles associated with the Recruiter Assistance Program. (H/O)  
\_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_ Task #: \_\_\_\_\_

I RECOMMEND / DO NOT RECOMMEND (circle one) this recruiter for certification at this time.

Is the recruiter ATB: Yes / No Goal: \_\_\_\_\_ Actual \_\_\_\_\_ Percentage \_\_\_\_\_

**OVERALL RATING: SATISFACTORY / UNSATISFACTORY**--If Unsatisfactory, you must develop a training plan by tasks and subtasks requiring training. Strengths and weaknesses must be identified in relationship to tasks and subtasks. For example: Good at closing sales, establishing rapport, etc., as opposed to great attitude, nice person.

**STRENGTHS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WEAKNESSES:** (All Unsatisfactory tasks must be identified) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LAST NAME, FIRST NAME, MIDDLE INITIAL

ON THE JOB TRAINING RECORD  
CONTINUATION SHEET

**8 – Month Evaluation Continued**

**PLAN TO CORRECT TRAINING DEFICIENCIES:** (Must be task and subtask related, Ex: Task 2(a)(1), etc.)

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If this evaluation is rated **SATISFACTORY** and the recruiter in non-ATB year-to-date, justify your rating:

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\_\_\_\_\_  
Evaluator Rank/Name/Signature (Date)

\_\_\_\_\_  
Recruiter Rank/Name/Signature (Date)

**Note: File this evaluation in Tab 2 of AF Fm 623, OJT Record and forward to squadron RST immediately.**

**RST COMMENTS:** \_\_\_\_\_

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\_\_\_\_\_  
SQ RST Rank/Name/Signature

\_\_\_\_\_  
Date

**CCU Review:** I certify I have reviewed this training evaluation and CONCUR / NON-CONCUR with the rating. (If non-concur, provide justification below) If a training extension is requested, approval IS / IS NOT recommended. The training plan (if required) is APPROVED / MODIFIED (circle one) as follows:

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**Page 3 of 4**

\_\_\_\_\_  
LAST NAME, FIRST NAME, MIDDLE INITIAL

ON THE JOB TRAINING RECORD  
CONTINUATION SHEET

**8 – Month Evaluation Continued**

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If you concurred with the **SATISFACTORY** rating and the recruiter is non-ATB year-to-date, justify your concurrence:

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\_\_\_\_\_  
SQ CCU Rank/Name/Signature

\_\_\_\_\_  
Date

☐ Train Track updated \_\_\_\_\_  
(Date) (Initials)

OPR: HQ AFRS/RSOT--23 JAN 2003

**Page 4 of 4**

\_\_\_\_\_  
LAST NAME, FIRST NAME, MIDDLE INITIAL